## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004

10/ 590970

| CLAIMS AS FILED - PART I (Column 1)                                      |  |   |  |                               |                     | Column 2)                        |     | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN R SMALL ENTITY |                        |
|--|--|---|--|-------------------------------|---------------------|----------------------------------|-----|---|------------------------|----|---------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |  |                               |                     |                                  |     | RATE                                    | FEE                    |    | RATE                      | FEE.                   |
| BASIC FEE  |  |   | SMALL ENT.                                       | = \$ 150                      | LARG                | E ENT. = \$ 300                  |     | BASIC FEE                               | \$150                  | OR | BASIC FEE                 | \$300                  |
| EXAMINATION FEE  |  |   | Satisfies PCT Ar<br>(4) = \$50                   |                               |                     | ner situations = 100 / \$ 200    |     | EXAM. FEE                               |                        | Ì  | EXAM. FEE                 | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$<br>ALL other cou<br>\$ 200 / \$ | ntries =                      |                     | her situations =<br>250 / \$ 500 |     | SEARCH FEE                              |                        |    | SEARCH FEE                | 4w                     |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | ıs 100 =                      |                     | / 50 =                           |     | X \$ 125 =                              |                        |    | X \$ 250 =                | /                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 5 mir  | nus 20 =                      | *                   | 1                                |     | X \$ 25 =                               |                        | OR | X \$ 50 =                 | /                      |
| INDEPENDENT CLAIMS   |  |   | l m  | inus 3 =                      | *                   |                                  |     | X \$ 100 =                              |                        | OR | X \$ 200 =                |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT  |                               |                     |                                  |     | + \$ 180 =                              |                        | OR | + \$ 360 =                | 1                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                               |                     |                                  | _   | TOTAL                                   |                        | OR | TOTAL                     | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                               |                     |                                  |     | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                           |                        |
| AMENDMENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |                               | BER<br>OUSLY        | PRESENT<br>EXTRA                 |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |                     | =                                |     | X \$ 25 =                               |                        | OR | X \$ 50 =                 |                        |
|  | Independent                                    | *.  | Minus  | ***                           |                     | =                                |     | X \$ 100 =                              |                        | OR | X \$ 200 =                | -                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |  |                               | CLAIM               |                                  |     | + \$ 180 =                              |                        | OR | + \$ 360 =                |                        |
| ·  |  |   |  |                               |                     |                                  |     | TOTAL ADDIT.<br>FEE                     |                        | OR | TOTAL ADDIT.<br>FEE       |                        |
|  |  | (Column 1)                                |  | (Colu                         | mn 2)               | (Column 3)                       |     |   |                        |    |                           |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA                 | ] . | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus .  | **                            |                     | =                                |     | X \$ 25 =                               |                        | OR | X \$ 50 =                 |                        |
|  | Independent                                    | *   | Minus  | ***                           |                     | =                                | 8   | X \$ 100 =                              |                        | ОR | X \$ 200 =                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                  |     | + \$ 180 =                              |                        | OR | + \$ 360 =                |                        |
|  | =  |   |  |                               |                     |                                  |     | TOTAL ADDIT.<br>FEE                     |                        | OR | TOTAL ADDIT.<br>FEE       |                        |
|  |  |   |  |                               |                     | •                                |     |   |                        |    |                           |                        |

If the entry in column 1-is-less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.